Commonwealth of Massachusetts, Department of Public Health, Division of Food and Drugs
305 South Street, Jamaica Plain, MA 02130
Telephone 617 983-6700 Fax 617 524-8062
Application for Massachusetts License to Sell and/or Obtain Needles and Syringes
In Accordance with the Controlled Substances Act, M.G.L. Chapter 94C

Please be sure to:

- Complete the application form
- Enclose check or money order for $60 for a Sell license and $60 for an Obtain license made payable to "Commonwealth of Massachusetts"
- Sign and date the form at the bottom
- Mail to the address above
- We must be informed in writing if this license will not be renewed

Incomplete applications will be returned and will cause a delay in receiving your license. Do not send originals of any supporting documents. They will not be returned. Instead send photocopies.
For further information visit our Web site at http://www.mass.gov/dph/dcp

Application Type: (Please select one) ❑ New ❑ Renewal ❑ Amended Information

License Requested:

❑ Sell	Fee $60	Offer for sale, deliver or have in possession with intent to sell - Hypodermic Needles and Syringes or any instrument adapted for the administration of controlled substances by injection
❑ Obtain	Fee $60	Receive or purchase - Hypodermic Needles and Syringes or any instrument adapted for the administration of controlled substances by injection
❑ Both	Fee $120	

In the boxes below enter the requested information.

1)) Applicant: (Company Name)

2)) Applicant Business Address: (Applications that include a P.O. Box number without a street address cannot be processed.)

3)) Applicant Mailing Address: (If different)

4)) Business Telephone No.:

( ) area code

5)) Federal Tax ID No.: (Required by M.G.L. c. 30A, s. 13A)

6)) For those seeking a license to **Obtain** please describe the purposes for which such devices will be utilized:

7)) For those seeking a license to **Sell** please describe what measures your firm will take to ensure that those individuals/firms located in Massachusetts are duly authorized to possess such devices:
8)) Individual responsible for security and accountability of needles and syringes:
9)) Describe area in which hypodermic needles and syringes will be stored (e.g. room number, locking devices, etc):
10))List the number and positions of all individuals who will have access to hypodermic needles and syringes:
11))Briefly describe the type of accountability system which will be used (e.g. perpetual log, computer system):
12))Briefly describe the manner in which hypodermic needles and syringes will be destroyed after use:
13))Are hypodermic needles and syringes being used in conjunction with a research project? ❑ Yes ❑ No
14))Are hypodermic needles and syringes being used to administer a controlled substance? ❑ Yes ❑ No
15))Has the applicant ever been convicted of any violation of State or Federal law relating to the manufacture, possession, distribution or dispensing of controlled substances? ❑ Yes * ❑ No
16))Has any professional license or registration held by the applicant under any name or corporate name or legal entity been surrendered, revoked, suspended or denied or is such action pending? ❑ Yes * ❑ No
* If you answered "Yes" to Question No. 15) or No. 16), a letter must be attached setting forth circumstances of such action(s).

I hereby certify that the information on this application is true to the best of my knowledge, and that the applicant will comply with the laws of the Commonwealth of Massachusetts and all applicable rules and regulations promulgated by the Department of Public Health. I also certify, in accordance with M.G.L. c. 62C, s. 49A, that the applicant has to the best of my knowledge and belief filed all state tax returns and paid all state taxes required under law.
Signed under the pains and penalties of perjury.

Signature of authorized individual _____ Date _____
Responsible Person

Print Name: _____

Title: _____